

Request for Quotation

To:		Date:	July 26, 2024
Tel. No.:		Quotation #:	PS 024-07-151
Fax No.		ABC:	
Attention: _			
Sir/Madam: Please qu representativ	ote your lowest price on the items/s listed below, stating the	shortest time of delivery and sub	omit this from duly signed by your
		RO	DDRIGO L. OJENAL
		SAO,	Administrative Division
To be filled-o	out by Supplier:		

ITEM NO:	ITEM & DESCRIPTION	QTY	UNIT	BRAND	UNIT PRICE	TOTAL PRICE
	Procurement of Food/Snacks relative the Conduct of the National Breast Feeding Awareness Month Celebration, inclusive of taxes, services, delivery, and other charges:					
1	Event Title: "National Breast Feeding Awareness Month Celebration" Event Date: August 30, 2024 1:00pm to 5:00pm Delivery Address: Convergys One Building 6796 Ayala Avenue corner Salcedo St., Legaspi Village, Makati City. City	80	рах			
	Minimum Inclusion: PM SNACKS AFTERNOON SNACKS Pasta with bread Beverage (Iced Tea or Juice) Serving Time on or before 3:00pm Serves in area specified by end-users Other Requirements: *Free-Flowing Water and Coffee and/or tea *Table and Chair skirting/clothing *Dishes must served in an aesthetic spread/buffet table with skirting *Supplier should provide the plates, utensils, cutleries, tissues, food box for left-over food and glasses *All left-over foods should be properly coordinated to end-user and be given to the authorized representative. *At least one (1) personnel/server during event *All servers should be in uniform with name tags of "Supplier" *Supplier is required to provide list of names of employees and list of equipment they will bring inside the venue.					

	i.							
	Note: Supplier should provide at least 2 sample set for taste test and technical (esp. quality) evaluation of authorized representative of the agency on August 16, 2024. Sample set should be identical to the proposed menu set upon delivery if awarded. The stated quantity might differ upon actual delivery/PO. Supplier must provide option for rescheduling, and/or modification due to possible change in quarantine levels or agency announcement. (Price Vat-Included)							
Delivery F	Period:							
Warranty:								
Price Vali	dity:							
		SIGNA	ATURE OF AUTH	ORIZED REP	RESENTATIVE			
Note:								
Please quote within days from the date of RFQ.								
 Bidders must submit current and valid documentary legal requirements upon sending the filled out quotation [] Mayor's / Business Permit; 								
b. [] PhilGEPS Registration Number: Membership: [] Platinum [] Red								
c. [] Income / Business Tax Return (for Small Value Procurement);								
d. [] Notarized Omnibus Sworn Statement is required;								
e. [] Bidders who have previously submitted the above legal requirements may no longer require its re-submission.								
Sir,								
I hereby certify under oath that I have personally conducted this canvass, which the price/s quoted are true and correct, and the signature of								
representa	tive of the company submitting the quotation is genuine.							
	alcovaren		\checkmark		\rightarrow			
	JOSEPHINE C. ALCASARE			ANGELITO	E. FRIAS			
SIGNATURE OF CANVASSER								
For more information, you may contact us: Telephone: 8836-3314								
Telefax:	8813-1174							
Please send your quotation to:								

OSG-HA-QF-039 Rev 00 (05 July 2018) rfq.osgprocurement@gmail.com